

August 16, 2023

Christopher Pontiff
MVP Health Insurance Company
625 State Street
Schenectady, NY 12305

Re: MVP Health Plan, Inc.
2024 Large Group HMO Rate Filing
SERFF Tracking #: MVPH-133767802

Dear Mr. Pontiff:

The following additional information is required for this filing.

Notice regarding proper responses:

- A minimum-acceptable response to quantitative questions from us must include a spreadsheet calculation with retained formulas such that we can replicate the calculations therein.
- Explanatory responses are merely a supplement to the spreadsheet material and in of themselves will constitute a lack of response.

Questions:

1. Please complete the following table. If any factors provided herein are incorrect, please provide a correction.

	1Q24 Annual Manual Rate Change	2Q24 Annual Manual Rate Change	3Q24 Annual Manual Rate Change	4Q24 Annual Manual Rate Change
1 st Quarterly Rate Change (Claim Costs)	2.9%	2.9%	2.9%	-0.2%
2 nd Quarterly Rate Change (Claim Costs)	2.9%	2.9%	-0.2%	2.4%
3 rd Quarterly Rate Change (Claim Costs)	2.9%	-0.2%	2.4%	2.4%
4 th Quarterly Rate Change (Claim Costs)	-0.2%	2.4%	2.4%	2.4%
Membership Distribution Shift ¹	??	??	??	??
Change in Retention/Loss Ratio	1.3%	1.3%	1.3%	1.3%
Other factors...	??	??	??	??
Total Rate Change	7.5%	8.0%	8.6%	9.1%

2. Please provide the average credibility percentage for the VT large group in this block of business.

¹ The impact of the difference in the current membership distribution at the time of the previously approved filing versus this filing.

3. Provide detailed quantitative support for the medical unit cost trend for 2023 and 2024. For Vermont providers governed by the GMCB, support should reconcile to the approved budgets for 2023, and most recently submitted budget changes for 2024 (multiplied by an approval reduction factor, if assumed). The support for all other providers should include the data and any adjustments that were made to the data to determine the best estimated of unit cost changes.
4. Please provide further quantitative and qualitative support for the 2025/2024 assumed trend in Exhibit 3b. What data was used as the basis for these trend assumptions, etc.?
5. Please provide detailed quantitative and qualitative support for the pharmacy unit cost and utilization trends provided in rows 60-77 of Exhibit 2a. This should include information provided by the PBM.
6. Please provide a historical A-to-E analysis of the actual (allowed) pharmacy trends vs. the PBM/Company expected pharmacy trends for 2022/2021.
7. Please provide quantitative support for the pooling charge of 4.95% for claims above \$250,000 and discuss the historical and expected net gain or loss from pooling claims (cost vs. benefit).
8. Please provide the number of COVID-19 tests, treatments, and visits, for each month from January 2021 through June 2023, both as paid and an estimate of ultimate claim counts.
9. Regarding the \$1.45 PMPM increase for vision coverage, please explain whether any vision claims occurred in the first four months of 2023 in the experience period. If so, please provide the vision claims PMPM and explain how the \$1.45 PMPM increase accounts for the four months of experience already including such claims.
10. This industry factor for Offices and Clinics of Dentists (SIC Code 8021) changed from 1.15 in the prior filing to 1.0 in this filing. Please provide qualitative and quantitative support for this change, or revise Appendix A if this was done in error.
11. Please provide an itemized (broker fees, bad debt, covered lives assessment, vaccine pilot, taxes, CTR, etc.) breakdown of the retention PMPM, showing the approved components in the 2023 rate filing and the filed components in this 2024 rate filing. Please provide support for any differences.
12. For each month from January 2019 through April 2023, please provide the total allowed costs, member months, and any normalization factors appropriate to normalize for changes in unit costs, population age factors, and induced utilization.
13. Please provide the current distribution of large groups by the applied underwriting discretion factor.
14. What is the expected range of the underwriting discretion factor for 2023?
15. Please provide the federal loss ratio for this block of business in 2022.
16. Please provide the actual gain/(loss) on the MVP large group block of business compared to the ordered risk margin for 2022.

17. Please provide the Company's historical risk-based capital for 2022.

Please be aware that we expect to have further questions regarding the filing as the review continues.

To ensure that the review of your filing is completed before statutory deadlines, we expect you to respond as expeditiously as possible, but no later than August 23, 2023.

We trust that you understand these forms may not be used in Vermont until they are formally approved by the GMCB.

Sincerely,



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